



# Iowa Child Development Coordinating Council

*Shared Visions Programs  
State Funded Preschool &  
Parent Support Programs*



## *Annual Report to the Governor*



July 1, 2005-June 30, 2006

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Iowa  
Shared  
Visions

Iowa Child  
Development  
Coordinating Council  
*Shared Visions Programs*  
*State Funded Preschool &*  
*Parent Support Programs*

*Annual Report*  
*to the Governor*

This report may be accessed electronically at:

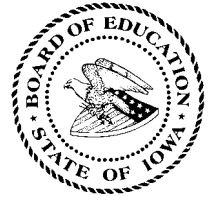
<http://www.iowa.gov/educate/content/view/635/601/1/1/>

July 1, 2005-June 30, 2006

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State of Iowa  
**Department of Education**  
Grimes State Office Building  
Des Moines, Iowa 50319-0146



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# Letter to the Governor

January 19, 2007

The Honorable Chet Culver  
Governor of Iowa  
Iowa State Capitol  
Des Moines, IA 50319

Dear Governor Culver:

On behalf of the Child Development Coordinating Council, we are pleased to present the annual report for July 1, 2005 to June 30, 2006. The Council advises the Department of Education regarding the Shared Visions programs and the need for investment of quality child development programs and services. This report summarizes the work of the Council and highlights the quality of the state funded Shared Visions programs.

During the past year the Council chose to focus efforts on improvement of the state system and local programs. Primary areas of emphasis were:

- Improving the quality of Shared Visions Preschool programs; and
- Improving the evaluation data.

As you will note, the annual report includes comprehensive data regarding the Shared Visions programs. The information has been provided by Penny Milburn, the coordinator. The data is provided for the two state funded early childhood programs: 1) Shared Visions Parent Support Programs for children birth to 3-years-old and their families; and 2) Shared Visions Preschool Programs for children 3- to 5-years-old.

Thank you for your support in ensuring that our youngest children begin their development with quality care and education from our state system.

Sincerely,



LauraBelle Sherman-Proehl, Ph.D., Council Chair  
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# Council Members 2005- 2006

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# Part I

## Child Development Coordinating Council:

## 2006 Annual Report







## Overview

The Iowa Child Development Coordinating Council (CDCC) presents this report in fulfilling the requirement to annually submit recommendations to the governor and the general assembly on the need for investment in child development services.<sup>1</sup> The CDCC conducts meetings on the third Wednesday each alternating month of January, March, May, July, September, and November in Des Moines. Council meetings are open to the public.

The mission of CDCC is to advocate for Iowa's children and families and support model comprehensive child development and parent support programs for at-risk children and their families. CDCC ensures the development, delivery, and promotion of high quality, family-centered comprehensive early childhood services through:<sup>2</sup>

- established minimum guidelines for comprehensive early child development services for at-risk 3- and 4-year-old children;
- the establishment of parent support programs to enhance the skills of parents in providing for the learning and development of their children;
- cost-effective child development services for at-risk 3- and 4-year-old children;
- comprehensive services such as child care, transportation, family support and education, developmental screening, and referral to health professionals; and
- equity of access to these services for all Iowa's children and their families.

The CDCC advises and assists the Department of Education regarding the administration and implementation of state funded at-risk programs for children ages birth to five. CDCC believes:

- High quality early childhood programs help children become successful adults.
- Provision of high quality early childhood programs can result in:

## Mission

## Purpose and Beliefs

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<sup>1</sup> IAC 256A, IAC 279.51, and IAC 281

<sup>2</sup> IAC 256A

- fewer children requiring special education services;
  - more students graduating from high school;
  - more students attending college or job training;
  - more youth/young adults becoming employed;
  - more employees experiencing satisfaction with work;
  - fewer persons arrested for criminal acts, violence, and minor offenses;
  - fewer teenagers giving birth; and
  - fewer persons receiving public assistance.
- Children are best served in a developmentally appropriate program.
  - Comprehensive quality programs provide services to assist families toward self-sufficiency and productivity.

## 2005-2006 Activities

During 2005-2006 the CDCC:

- Reviewed policy initiatives related to high quality, comprehensive child development services;
- Continued evaluation of program quality and child outcomes;
- Conducted an extensive study of National Association for the Education of Young Children (NAEYC) Program Standards and Accreditation Performance Criteria to determine the implications for Shared Visions preschool programs; and
- Supported activities to improve the quality of the Shared Visions programs through training on math and literacy development for children.

As a result of the Council's activities, CDCC plans for 2006-2007 include:

## Future Plans

- Improving the quality of Shared Visions preschool programs by providing technical assistance for accreditation awarded by the NAEYC.
- Maintaining and promoting high quality services in the current climate of reduced budgets by expanding local and state partnerships.
- Advocating for increased funding to these high quality programs.



## Part II

Shared Visions:

Parent Support Grants





Iowa Shared Visions Parent Support Programs were established in *Iowa Code* in 1987.

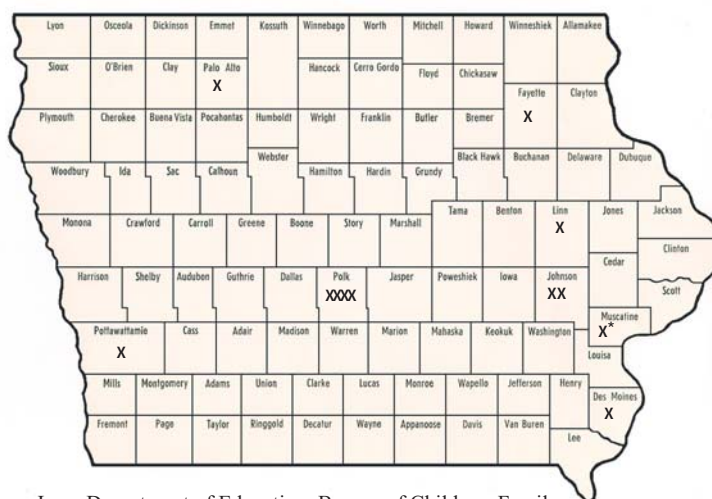
## Overview

The programs include:

- Family support programs for high-risk children in approximately 15 Iowa counties (for families with incomes below 130 percent of the poverty level). Figure 1 shows the location of the parent support programs since 1991. Some grantees serve multiple counties;
- Twelve grantees located in area education agencies, public schools, Head Start, and private non-profit agencies. This has been consistent for the past three years (see Figure 2: Parent Support Grantees 2004-2005);
- Individual and/or group opportunities for families to obtain information focusing on: parenting skills, child growth and development, building of self-concept, nutrition, positive guidance techniques, family resource management, parent literacy, and accessing the array of supportive services from a network of agencies that are available to families with young children who are at risk;
- Collaborative partnerships between local Community Empowerment Area Boards, Head Start, local child care, Area Education Agencies, and school districts.

State level technical support was provided by Penny Milburn, Shared Visions State Coordinator in 2005-2006.

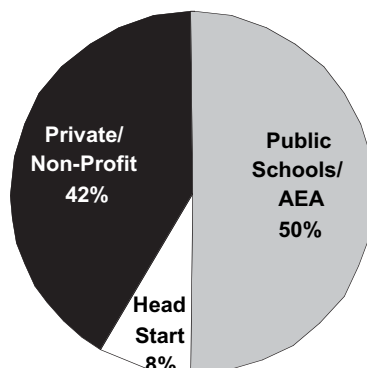
Figure 1. Shared Visions Parent Support Programs for 2005–2006.



**Data Source**—Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report 2005-2006.



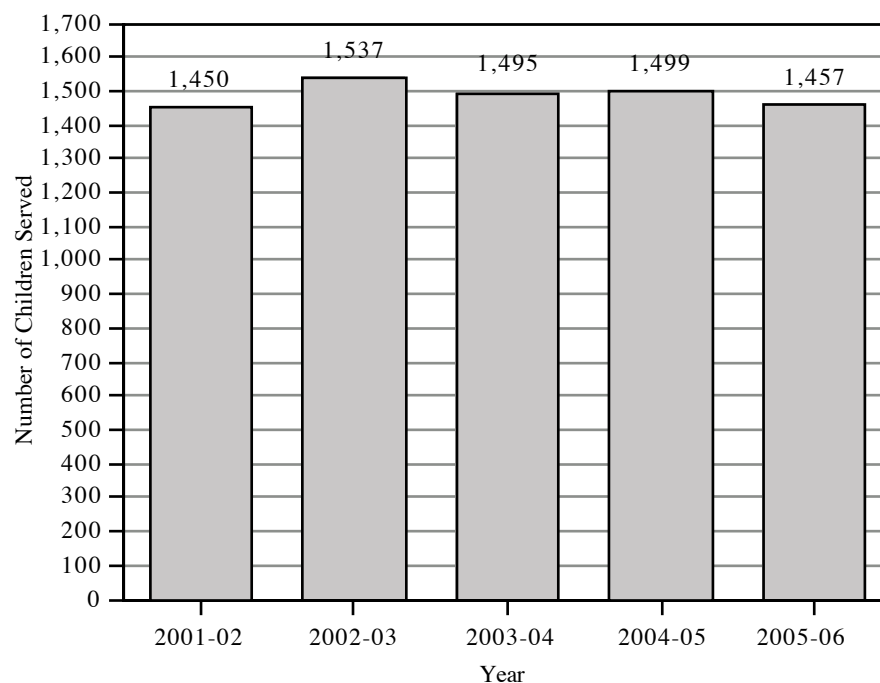
Figure 2. Parent Support Grantees, 2005-2006.



## Funding

In 2005-06 state funds of \$727,106 provided twelve Parent Support Programs serving nearly 1,500 children birth to 3 years of age and their families. Figure 3 shows a 5 year trend of enrollment and the decline and then maintenance of enrollment the last 2 years. Approximately three-quarters of the children qualified for Shared Visions based upon poverty, the remaining children qualified with other risk factors. A total of 2,200 children were served during the calendar year.

Figure 3. Children Served by Shared Visions Parent Support Programs.



**Data Source**—Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report, 2001-2002, 2002-2003, 2003-2004, 2004-2005, 2005-2006 Summary.

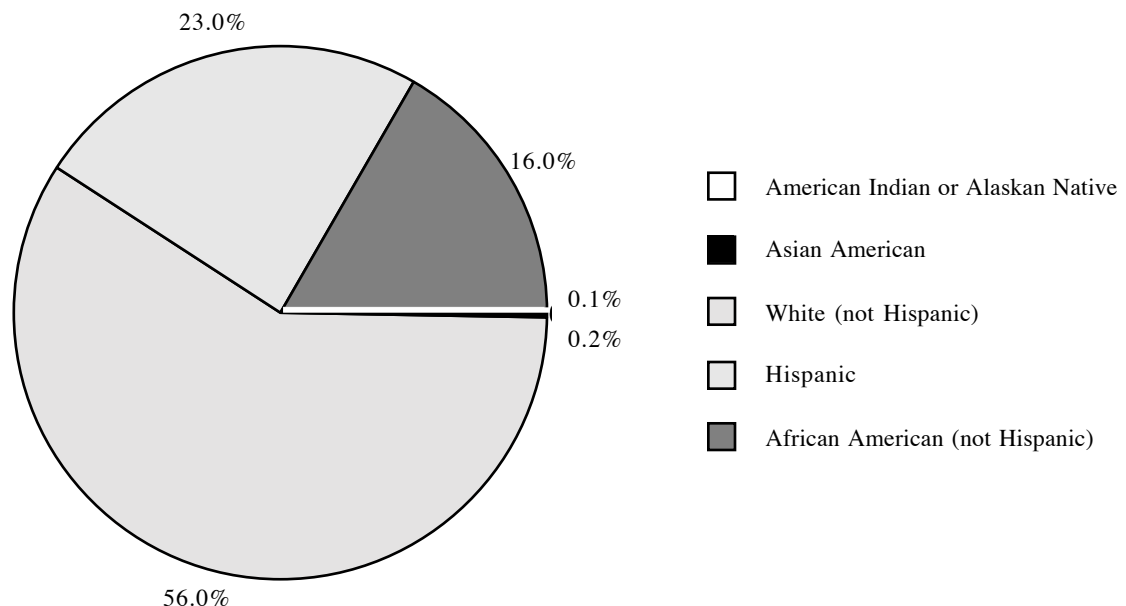
## Programs

## Enrollment

When compared to Iowa's PK – 12 school population, the Parent Support Programs serve families that represent much greater diversity:

- Sixteen percent African American families compared to 5.1 percent public school age children;
- Twenty-three percent Hispanic families compared to 5.8 percent public school age children;
- Fifty-six percent White families compared to 86.6 percent public school age children;
- American Indian percent of 0.1 or Alaskan Native compared to 0.6 percent public school age children;
- Asian American families percent of 0.2 compared to 1.9 percent public school age children.

Figure 4. Shared Visions Parent Support Enrollment by Race/Ethnicity.

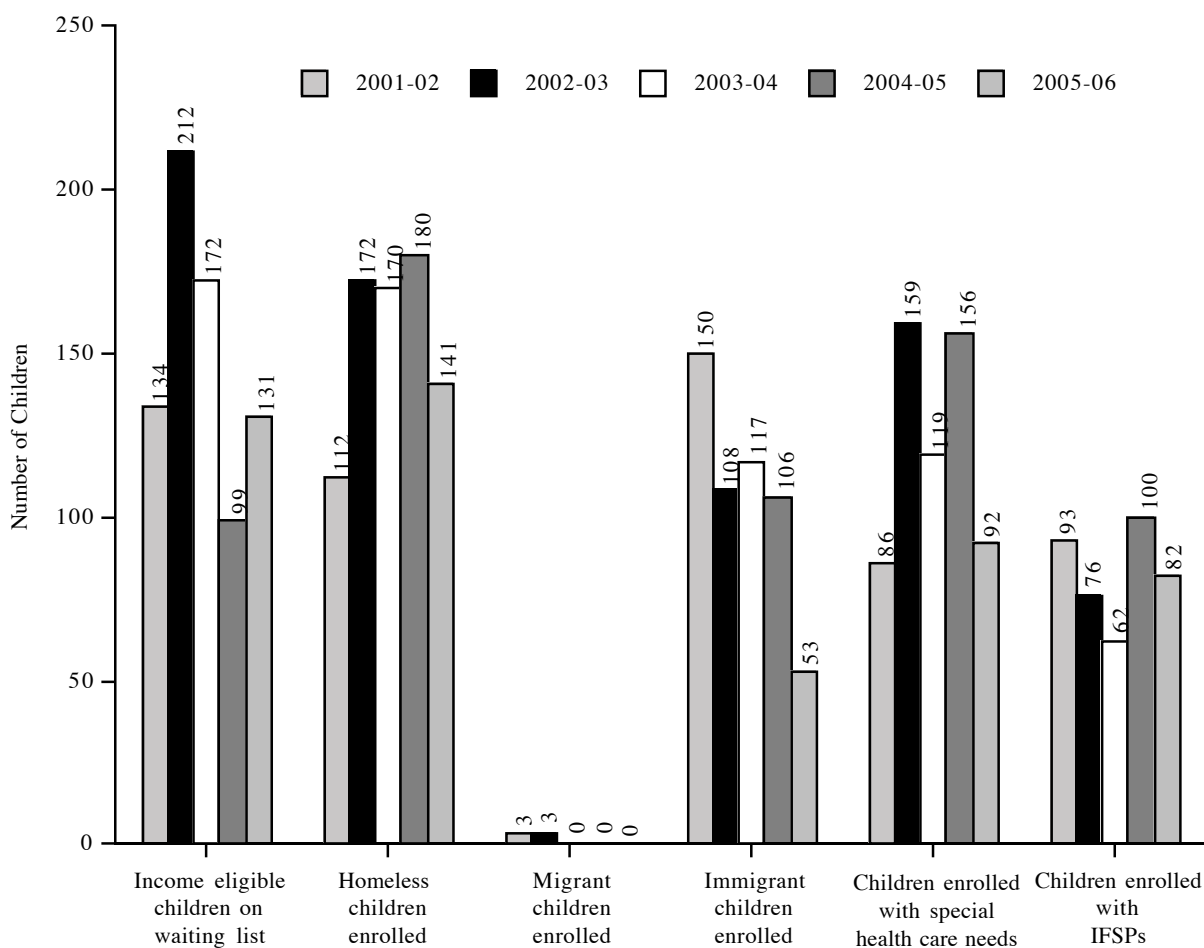


**Data Source**—Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report, 2001-2002, 2002-2003, 2003-2004, 2004-2005, 2005-2006 Summary.

## Demographic Information for Children

Figure 5 describes the characteristics of children served in Shared Visions Parent Support Programs, as well as eligible children on the waiting list. As indicated by the Figure, the children served by Shared Vision Parent Support Programs have multiple risk factors. The Figure shows the number of children and change risk factors over time. This also demonstrates the increasing need for parent support as evidenced by the number of income eligible children on the waiting list. It should be noted, due to flat funding and budget cuts, programs have not actively recruited families, therefore the number of children eligible for services is potentially greater than the waiting list represents in Figure 5.

**Figure 5. Demographic Information for Children Served in Parent Support Programs.**



**Data Source**—Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report, 2001-2002, 2002-2003, 2003-2004, 2004-2005, 2005-2006 Summary.

**What are research based indicators of quality for parent support programs?<sup>3</sup>**

- Services provided pre-natally or at birth;
- Early and continuing assessment to identify families who are most in need of services and to link families with appropriate services;
- Information to assist families in accessing a medical provider to assure optimal health and development;
- Services that acknowledge and are respectful of each family's cultural and ethnic background;
- Services that are voluntary and use positive, persistent outreach efforts to build family trust;
- Opportunities for families to enhance their parenting skills, knowledge, and understanding of educational and developmental needs of their children;
- Qualified staff.

**The teachers of the Shared Visions Parent Support Programs provide:**

- Services to children and their families pre-natally or as soon as the child is eligible. The Parent Support Program may provide services to multiple children in a family.
- Developmental screening is provided to determine if a child is at risk for a disability and to link families with appropriate resources to address the growth and development of their child.
- Resources to help families provide health insurance, immunizations, and other medical and dental services for their child through programs such as HAWK-I, Child Health Specialty Clinics and other public health clinics.
- Home visiting, children's play groups, and parent education meetings are held to address the needs of each family and honor their cultural and ethnic background. Staff provided a total of 39,000 hours of service. The average time families received services ranged from six months to twenty-six months.

## Parent Support Program Indicators of Quality

The Shared Visions Parent Support Programs address these indicators in the following ways:

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<sup>3</sup> Prevent Child Abuse—America, Healthy Families America. Standards for Practice for Healthy Families America. Head Start Performance Standards, Section 1304.40. <http://www.acf.hhs.gov/programs/hsb/performance/#pdf>

- Trusting and respectful relationships exist that build upon each family's strengths. Many families are supported in furthering their education and finding employment. Parent Support Programs connect families with resources to support child care such as subsidies from the Department of Human Services.
- Materials and resources that assist families in enhancing their parenting skills and promote positive interactions between the parent and child are provided.
- All but one support staff holds at least an Associate of Arts degree in early childhood education, social services, or nursing. About 86 percent of the staff holds a Bachelor of Arts with two individuals holding masters degrees.

## Results of Shared Visions Parent Support Programs

Family Support Programs assist families in obtaining these results:

- Resources to support child care such as child care subsidy;
- Resources and support in furthering adult education;
- Resources to help families provide health insurance, immunizations, and other medical and dental services for their child through programs such as HAWK-I, Child Health Specialty Clinics and other public health clinics; and
- Developmental screenings for all children.

Families participating in the Shared Visions Parent Support Programs experienced these outcomes based upon program research<sup>4</sup>:

- Significantly increased levels of self-sufficiency in employment;
- Increased levels of education—family members completed high school and some participated in post secondary training;
- Reduced levels of family violence from 25 percent to 20 percent; and

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<sup>4</sup> Peterson, C.A. & McBride, S. L. Iowa Family Support Programs, 1996-1997, Evaluation Report, September, 1998.

Shared Visions Parent Support grantees contribute to the results of Iowa's Early Care, Health, and Education system.

#### Healthy Children

- At least 96 percent of the children participating in the Shared Visions Parent Support programs received all their immunizations. Approximately 1,284 or 94 percent of the of the children served had health insurance. In 2005, only 87 percent of the children served had insurance.

#### Safe and Supportive Communities

- Shared Visions Parent Support Programs report a decrease in the percentage of children experiencing abuse and neglect.

#### Secure and Nurturing Families

- Shared Visions Parent Support Programs report decreases in domestic and family violence.

## Future Needs

The impact of the Shared Visions Parent Support Programs would be increased by:

- Providing funding to support additional sites and increase the level of contact hours for families. No additional communities in Iowa have been provided the opportunity to apply for Shared Visions at-risk state funds since 1996.
- Providing funding for a comprehensive evaluation of the programs and outcomes for children.
- Provide a cost of living allowance to support and maintain the quality of Parent Support Program staff.
- Meet the needs of families on the waiting list.

## Part III

### Shared Visions: Preschool Grants





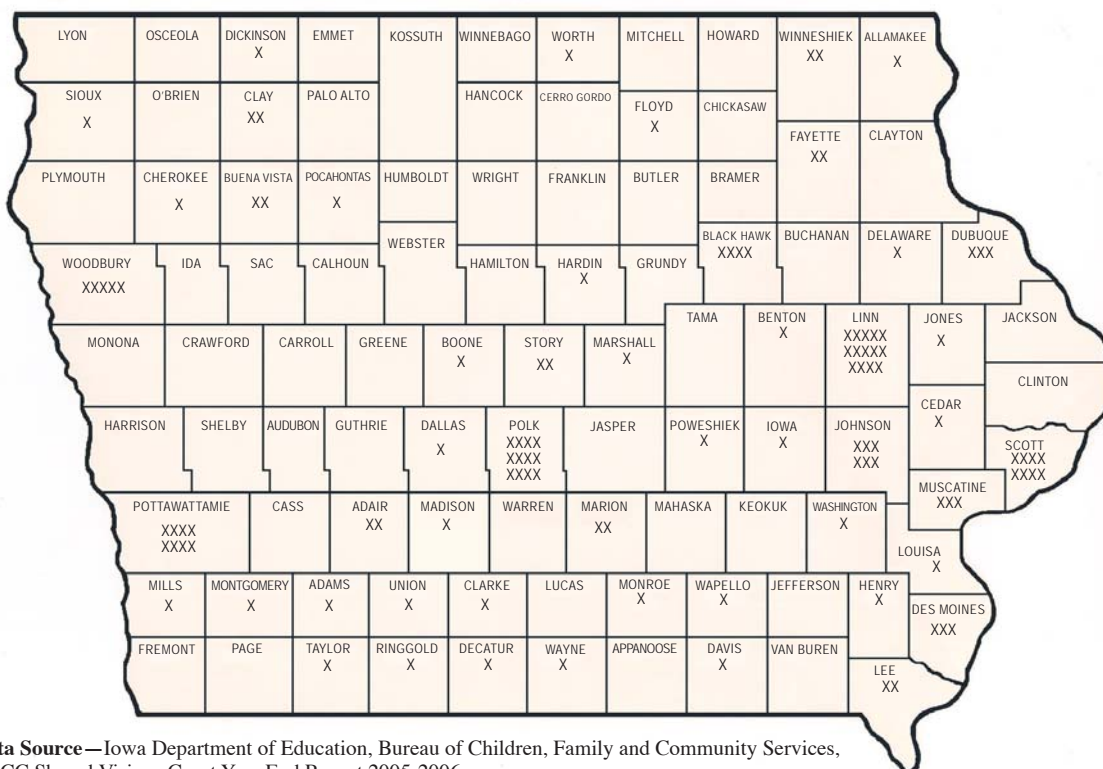


The Iowa Shared Visions Preschool Programs were established in *Iowa Code* in 1987 with appropriated state funds and provide:

## Overview

- High quality child development programs for children ages three to five years of age who are at high risk for later success in school and life for families who have an income below 130 percent of the poverty level;
- Collaborative partnerships between local Community Empowerment Area Boards, Head Start, child care, and school districts in 51 Iowa counties;
- A high level of accountability, documented success, documented extensive data collection, a history of established programming in the community with highly trained staff; and
- Programming in diverse settings to support community need and family choice. Figure 6 shows the locations of these preschool classes.

Figure 6. Shared Visions Preschool Grantees.

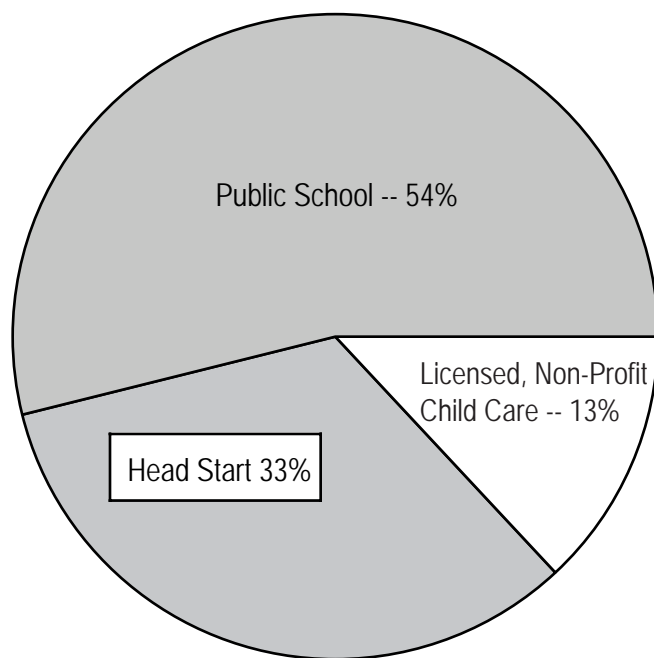


**Data Source**—Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report 2005-2006.

## Grantees

The 109 Shared Visions Preschool Grantees are located in diverse agencies including: public schools, Head Start agencies, and licensed non-profit childcare centers (see Figure 7). This model allows for and supports parent choice while ensuring quality and accountability.

Figure 7. Shared Visions Preschool Grantees.



**Data Source**—Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report 2001-2002, 2002-2003, 2003-2004, 2004-2005, 2005-2006 Summary.

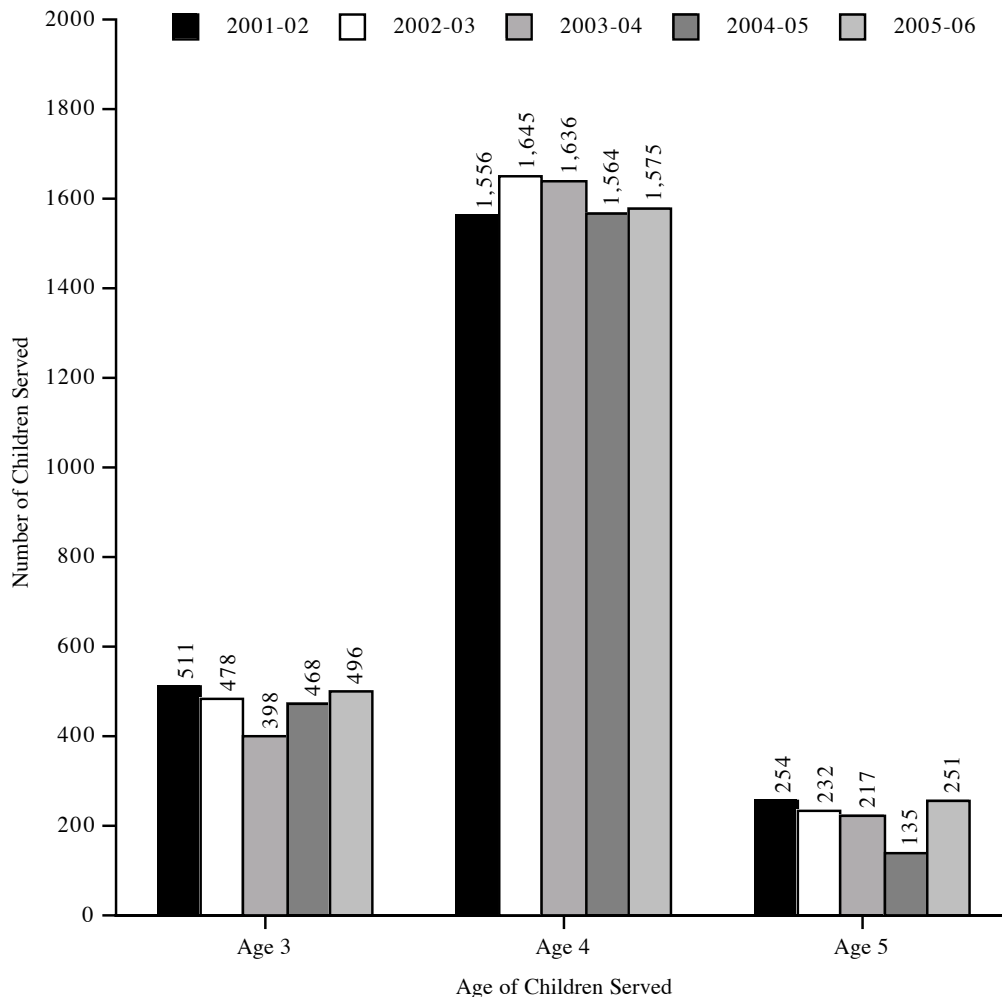
## Funding

In 2004-2005 state funding was \$6,887,531 and provided 109 Pre-school grants supporting 112 classrooms for children three to five years of age. Services were provided to 2,322 children.

- The number of children served has decreased the past 3 years. In 2005 the legislature allocated funds for preschool programming support for low-income families. Local empowerment boards allocated some of these funds to Shared Visions Preschool. At this time 1,645 eligible children are still on the waiting list.
- The state funding only supports half of the actual expenses needed to keep programs operating at this time.
- State level technical support was provided by Penny Milburn, Shared Visions State Coordinator in 2005-2006.

**Figure 8. Number and Age of Children Served in Shared Visions Preschool Programs.**

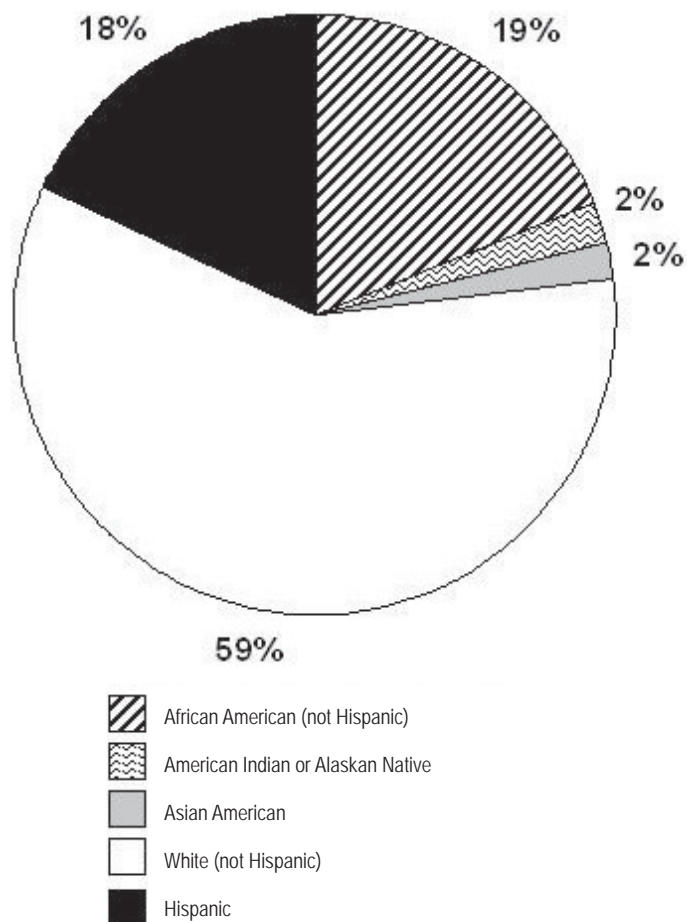
Five Year Trends for  
the Children Served in  
Shared Visions Pre-  
school Programs  
2005-2006



About 91 percent of the children qualifying for the Shared Visions Preschool Programs are at-risk due to poverty with the remaining children qualifying due to other at-risk factors. Figure 9 indicates enrollment by race/ethnicity. The preschool programs are serving an increasingly diverse population. The programs serve 1 percent more American Indian children; 12 percent more Hispanic; 14 percent more African American; and 1 percent more Asian American children than Iowa's PK-12 public school population.

## Ethnicity

Figure 9. Shared Visions Preschool Enrollment by Race/Ethnicity.



**Data Source**—Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report 2001-2002, 2002-2003, 2003-2004, 2004-2005, 2005-2006 Summary.

Table 1: PK-12 Student Population 2005-2006

PK-12 Student Population		Shared Visions Preschool Population	
White	86.6%	White	59%
African American	5.1%	African American	19%
Hispanic	5.8%	Hispanic	18%
American Indian	.6%	American Indian	2%
Asian	1.9%	Asian	2%
Low Income	32%	Low Income	91%

**Data Source**—*The Annual Condition of Education Report (2006)* Iowa Department of Education.

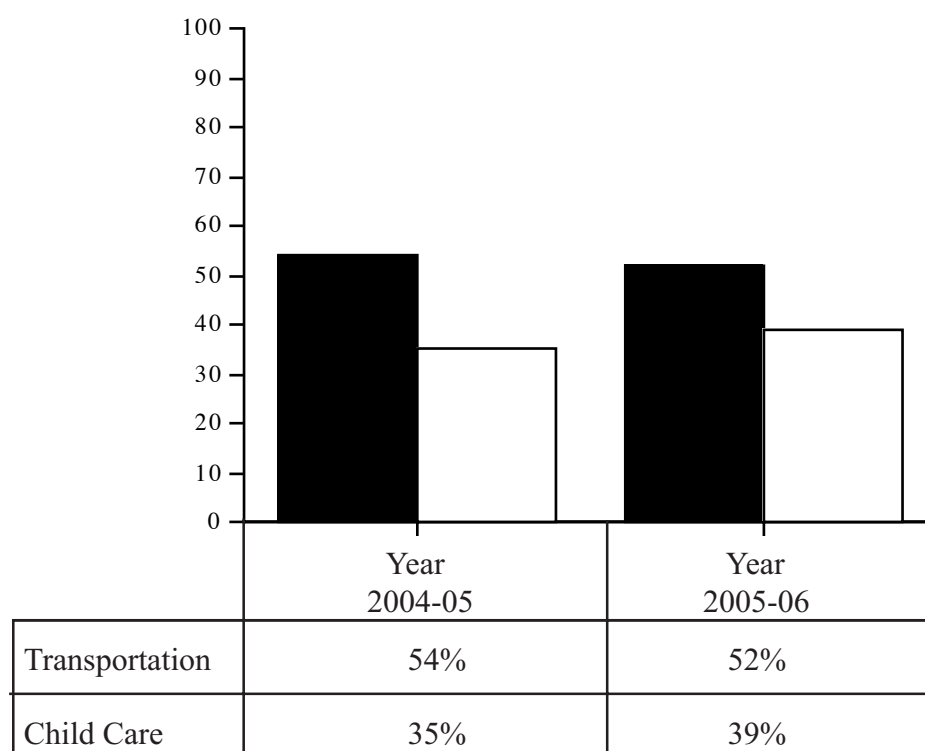
Comprehensive services are provided by Shared Visions Preschool Grantees. Transportation is provided by 52 percent of the grantees allowing children access to the preschool programs (see Figure 10).

## Comprehensive Services

Thirty-five percent of the grantees provide child care services to working families (see Figure 10). About half of these grantees provide child care by means of “wrap around” funds from Department of Human Services or partnering with Head Start and Community Empowerment Areas.

Transportation and child care services have decreased in the past year due to insufficient funding.

Figure 10. Shared Visions Preschool Grantees Providing Transportation and Child Care.



**Data Source**—Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report, 2001-2002, 2002-2003, 2003-2004, 2004-2005, 2005-2006 Summary.

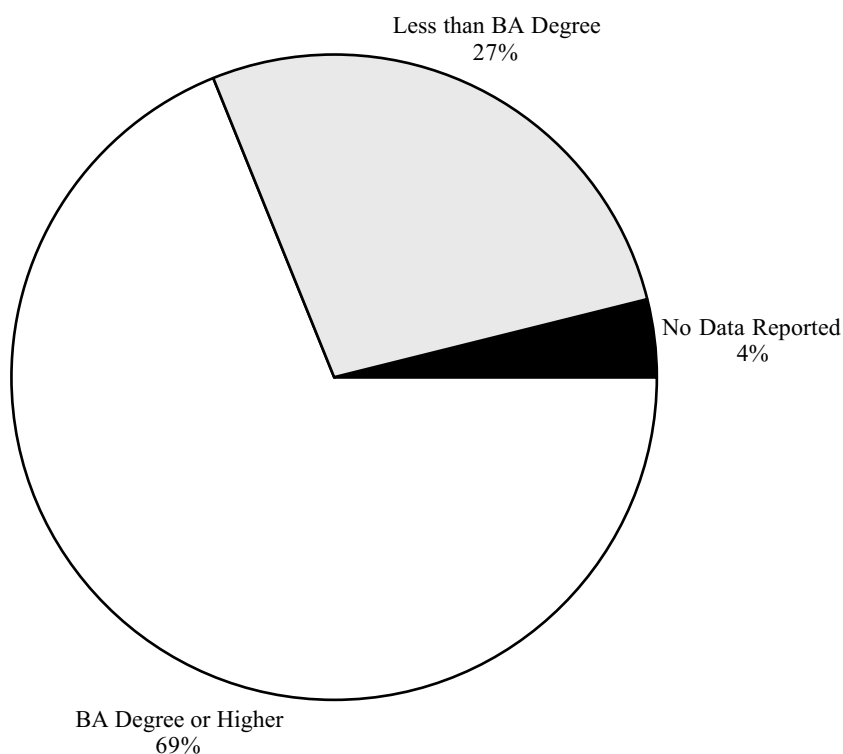
## Indicators of Quality

What are the research-based indicators of preschool quality?

**Primary indicators of quality child development programs include the education level of the teacher, goal-oriented curriculum, systematic assessment, and national accreditation of the program.**

- Shared Visions Preschool Programs are **accredited** by the National Association for the Education of Young Children (NAEYC), an accreditation process that demonstrates a high standard of quality and developmentally appropriate practices.
- About 69 percent of Shared Visions preschool teachers have a four-year degree with the majority of the **teachers holding a degree in early childhood education**. In 94 of the 112 classrooms at least one degreed teacher is present. The remaining twenty-seven percent of teachers report attaining an Associates of Arts (AA) degree in early childhood education or a Child Development Associate (CDA) (see Figure 12).

Figure 12. Qualifications of Shared Visions Preschool Teachers.



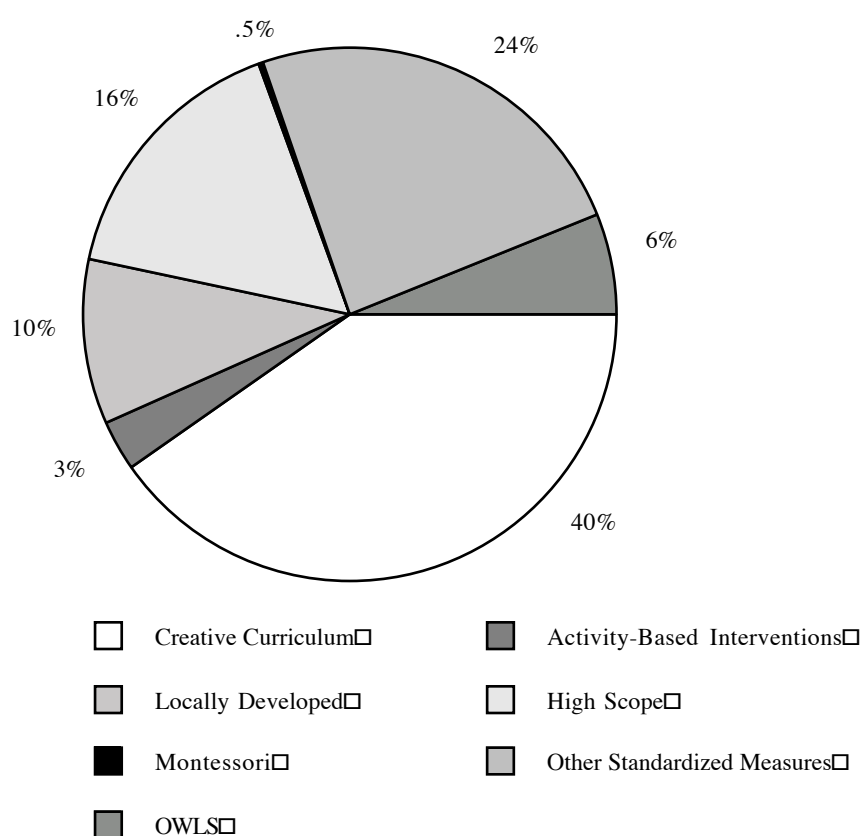
**Data Source**—Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report, 2001-2002, 2002-2003, 2003-2004, 2004-2005, 2005-2006 Summary.

## Curriculum

Well-articulated curriculum guides teachers to provide children with experiences that foster growth across a broad range of developmental and content areas. Figure 13 shows 85 percent of the programs reported using a standardized goal oriented curriculum.

The Department of Education allocated Federal grant funds to provide training in several standardized curriculum during the past two years. This effort was to support No Child Left Behind requirements of using research based curriculum to increase quality teaching. As a result of this effort, 13 percent fewer preschool programs report using a locally developed curriculum in favor of a standardized curriculum.

Figure 13. Curriculum Used in Shared Visions Preschool Programs.



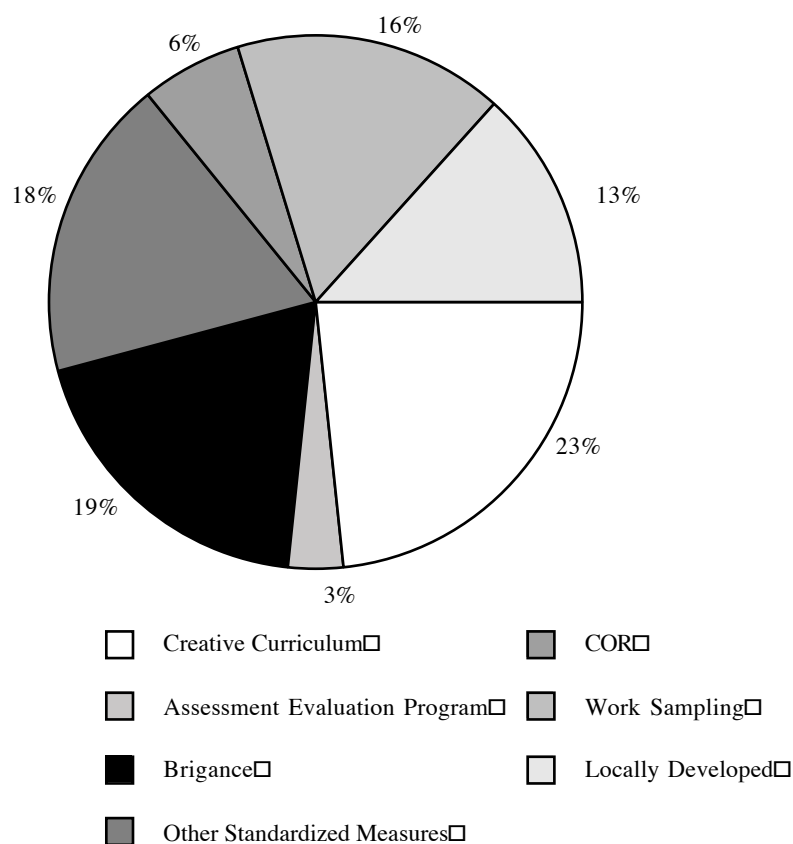
**Data Source**—Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report 2001-2002, 2002-2003, 2003-2004, 2004-2005, 2005-2006 Summary.



## Systematic child assessment

Systematic assessment of the children is essential in assisting teachers in planning appropriately challenging curriculum and tailoring instruction that responds to each child's strengths and needs. Figure 14 provides the percent and type of child assessment tools being used by Shared Visions teachers.

Figure 14. Type and Percent of Child Assessment Instruments Used in Shared Visions Preschool Programs.



**Data Source**—Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report 2001-2002, 2002-2003, 2003-2004, 2004-2005, 2005-2006 Summary.

Research supports the following known facts about quality preschool programs.

- Participation in high-quality preschool programs is associated with greater language, literacy, math, and cognitive skills; enhanced social development; and long-term school success.
- Participation in poor-quality preschool programs is associated with difficulties in academic and social development, poor language and math abilities, and poor self-perception.
- Results of longitudinal research (The Cost, Quality, and Outcomes Study Goes to School) show that children who participated in higher quality child care had better language and math skills from preschool into elementary school.
- The results of high quality programs were even stronger for children whose mothers had *less* education.
- Children who participated in higher quality childcare had better cognitive and social skills in second grade.
- These findings hold true even after controlling for background characteristics (mother's level of education, gender, and ethnicity) and the quality of the kindergarten and second grade experience.

Areas of particular strength, as illustrated by the ECERS subscale scores in Figure 12:<sup>3</sup>

- ***Interactions between teachers and children promote social skills and problem solving***—approximately 78 percent of programs scored in the excellent range.
- ***Program structure balances teacher directed and child selected activities*** — approximately 62 percent of programs scored in the excellent range.
- ***Personal care routines that promote health and safety standards*** — over 59 percent of programs scored in the excellent range.

## Importance of Quality

## Results Strengths of Iowa's Shared Visions Preschool Programs

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3 –Zan, B. (2003). Evaluation of Quality of Shared Visions Programs: Final Report to the Child Development Coordinating Council. regent's Center for Early Developmental Education, University of Northern Iowa.

## Shared Visions graduates' later performance in school

Research indicates:

- ***Kindergarten Readiness*** — Shared Visions graduates met or exceeded kindergarten teachers' performance expectations in reading, writing, and problem solving (Zan & Edmiaston, 2000).
- ***Academic performance*** — Over 80 percent of the Shared Visions graduates were rated at or above average in reading and writing at the end of kindergarten (Zan & Edmiaston, 2000).
- ***Special Education Referrals*** — Fewer than 8 percent of Shared Visions graduates were receiving special education services by the end of kindergarten (Zan & Edmiaston, 2000).
- ***Long-term Effect*** — Second grade teachers rated Shared Visions graduates higher on internal assets, including positive values, social competencies, and positive identity, than children who did not participate in Shared Visions programs (Regents' Center for Early Developmental Education, 2000, unpublished data).

## Long-term effect

Children who participate in high-quality early learning programs demonstrated greater school readiness and success through second grade than children who had been in low-quality care, even after controlling for family differences (National Center on Early Development and Learning, 1999).

## Supporting Early Care, Health, and Education Results

Shared Visions Preschool grantees contribute to the results of Iowa's Early Care, Health, and Education system in multiple areas.

- Children Ready to Succeed in School:
  - Shared Visions graduates met or exceeded kindergarten teachers' performance expectations in reading, writing, and problem solving.
  - Over 80 percent of the Shared Visions graduates were rated at or above average in reading and writing at the end of kindergarten (Zan & Edmiaston, 2002).
  - Fewer than eight percent of Shared Visions graduates were receiving special education services by the end of kindergarten.

- Healthy Children:
  - About 92 percent of the children have health insurance. This is an increase of thirty-five percent since 2004.
  - Ninety-nine percent of the children attending Shared Visions Preschools are appropriately immunized. This represents a 13 percent increase.
- Secure and Nurturing Child Care Environments:
  - Shared Visions Preschool Programs are accredited by the National Association for the Education of Young Children, the national standard of highest quality early childhood programs strive to achieve.
  - Many programs achieve the Department of Human Services Gold Seal Award, a mark of Iowa quality.

The impact of Shared Visions Preschool Programs can only continue by:

- Maintaining documented high quality Shared Visions Programs in Iowa communities. The level funding for the past 7 years and previous state budget cuts to Shared Visions programs have forced staff reductions, limited transportation, and decreased program days and hours. All of these variables have a negative impact on the quality of comprehensive child development services for at-risk preschoolers.
- Providing a cost of living allowance. It has become increasingly difficult for grantees to maintain qualified staff without funds to support salary increases. Qualified staff declined in the 2005-2006 year.
- Increasing state funding to improve space, furnishings, and quality books for programs (areas of concern identified by the ECERS-R results, 2002; and the ECERS-R self-assessment conducted by grantees, 2003).
- Providing funding for staff development to improve appropriate early learning activities for young children (area of concern identified by ECERS-R results, 2002).

## Future Needs

- Providing additional funds to support new sites and accommodate the approximately 1,600 eligible children currently on the waiting list. No additional communities in Iowa have been provided the opportunity to apply for Shared Visions at-risk state funds since 1996.
- Providing funding to adequately support state positions for technical assistance statewide. Increasing demands for quality services (including, achieving and maintaining revised NAEYC accreditation) will require additional accreditation technical assistance and follow up for achieving NAEYC accreditation standards.
- Providing additional funding to address the increased fees to achieve and maintain NAEYC accreditation.

## Part IV

### References





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